



1239 SE 12th Ave
 Portland, OR 97214
 phone: 503-723-7100
 fax: 503-723-7117

Credit Application

KORKERS

Business Contact Information

Please complete all information requested. Omissions will result in processing delays.

Company Name _____ Phone Number _____

Your Name _____ Fax Number _____

Billing Address _____ **Shipping Address** _____

Street Address _____ Street Address _____

City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____

Key Contacts

Accounts Payable _____ **Footwear Buyer** _____

Name _____ Name _____

Phone Number _____ e-Mail Address _____ Phone Number _____ e-Mail Address _____

Bank Information

Bank Name _____

Bank Address _____ Account Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Type of Account _____

Trade References

Company Name _____

Address _____ Account Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Type of Account _____

Company Name _____

Address _____ Account Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Type of Account _____

Company Name _____

Address _____ Account Number _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ Type of Account _____

Credit and Business Terms

- All invoices are to be paid within terms from the date of the invoice
- Claims arising from shipments or invoices must be made within 10 business days
- By submitting this application you authorize Korkers to make enquiries to all entities listed as references

Signatures

Signature _____ Signature _____

Name _____ Date _____ Name _____ Date _____